

		PERMIT APPLICATION BUILDING & MECHANICAL		Permit no _____																						
				Tax key # _____																						
ISSUING MUNICIPALITY		Village of Sturtevant 2801 - 89 th Street Sturtevant, Wisc		PROJECT LOCATION (BUILDING ADDRESS)																						
				PROJECT DESCRIPTION	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE AND TWOAMILY																					
Owner's Name _____		Mailing Address- Include City & Zip _____		Telephone – include Area Code _____																						
General Contractor _____		mailing Address. Include City & Zip _____		Telephone - Include Area Code _____																						
Construction Contractor _____		Mailing Address Include City & Zip _____		Telephone – Include Area Code _____																						
Electrical Contractor (Lic no.) _____		Mailing Address- Include City & Zip _____		Telephone - Include Area Code _____																						
Plumbing Contractor (lic. No.) _____		Mailing Address Include City & Zip _____		Telephone – Include Area Code _____																						
Plumbing Contractor (Lic No.) _____		Mailing Address - Include City & Zip _____		Telephone - Include Area Code _____																						
Project Information																										
1/4, _____ 1/4 ,SECTION _____ T _____ N,R _____ E (or)W																										
Subdivision name _____		Lot no. _____		Block no. _____																						
Zoning District _____	Lot Area _____	N.S.E.W. Setbacks _____	Front _____	Rear _____	Left _____ Right _____																					
1a PROJECT		3. OCCUPANCY	6. ELECTRICAL	9. HVAC EQUIPMENT	12.ENERGY SOURCE																					
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Raze <input type="checkbox"/> Alternation <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Other		<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Commercial	Entrance Panel Size: _____ amp <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	<input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Baseboard or Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Conditioning <input type="checkbox"/> Other	<table><tr><td>Fuel</td><td>Nat.gas</td><td>L.P.</td><td>Oil</td><td>Elect</td><td>Solid</td><td>Solar</td></tr><tr><td>Space Htg</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Water Htg</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	Fuel	Nat.gas	L.P.	Oil	Elect	Solid	Solar	Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
1b GARAGE		4. CONST. TYPE	7.FOUNDATION	<input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equipment. Infiltration control option is : <input type="checkbox"/> Full sealing of joints <input type="checkbox"/> Blower door test. <input type="checkbox"/> Exterior ait infiltration barrier																						
<input type="checkbox"/> Attached <input type="checkbox"/> Detached		<input type="checkbox"/> Site Constructed <input type="checkbox"/> Manufactured	<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other																							
2. AREA		5. STORIES	8. USE	13. HEAT LOSS (Calculated)																						
Unfinished Basement LivingArea Garage Other Total		<input type="checkbox"/> 1 – Story <input type="checkbox"/> 2 – Story <input type="checkbox"/> Other	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other	Envelope Infiltration																						
			10. PLUMBING	14. ESTIMATED COST																						
			Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic <input type="checkbox"/> Permit No.																							
			11. Water																							
			<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On Site Well																							
The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, Agency, or Inspector; and certifies that all the above information is accurate. Have Permit/Application number and address when requesting inspections. Call 1- 262 – 884 – 2488. Give at least 24 hours notice on all inspections.																										
SIGNATURE OF APPLICANT _____																										
APPROVAL CONDITIONS This permit is issued pursuant to the attached conditions. Failure to comply may result in suspension of revocation of this permit or other penalty																										
FEES:		PERMIT(S) ISSUED	SEAL No.	Municipality No. 51 - 181																						
Fireplace Fee Swimming Pool Roofing Fee Shed Fee Deck Fee Occupancy Fee Other Total			Check Reciept	Permit Issued by Municipal Agent:																						
			Ck # Date From	Name _____ Date _____ Certification No _____																						